**POSTNATAL YOGA / MASSAGE FORM**

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Thank you for joining our circle! Please answer the following questions as fully as possible (the form will expand as you type). All info will be kept strictly confidential. If you feel this is too much and prefer not to fill the form in, that’s fine. Just send me your phone number and emergency contact only, please. Or fill in just what feels right. This form helps me understand how you are, and what was your birth and early postpartum experience, so that I can support you and your baby better.

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| --- | --- |
| **Your Name:**  | **DoB:** |
| **Address:** | **Occupation (before baby was born):** |
| **Phone:** | **E-mail:****Mailing list? Y / N** |
| **Emergency name and contact:** |
| **Baby’s name:** | **Baby’s DoB:** |
| **Previous pregnancies:**  | **Previous births:** | **Ages of older children:** |
| **Birthing experience of this baby:*** **Length of labour in total**
* **Length of first stage**
* **Length of second stage**
* **Was labour: self-started ⎕ induced ⎕ accelerated ⎕**
* **Nature of delivery: vaginal ⎕ ventouse ⎕ forceps ⎕ caesarean ⎕**
* **Delivery environment: hospital ⎕ home ⎕ water birth ⎕ other ⎕ *please specify...................................***
* **Name of midwifery team providing ante/postnatal care**
* **Any drugs during labour: gas and air ⎕ pethidine ⎕ epidural ⎕ other⎕ *please specify...................................***
* **Any damage to perineum suffered?**
* **Any stitches required following tearing / episiotomy?**
* **Any post-partum haemorrhage?**
 |
| **Was your baby: full term ⎕ premature ⎕ ‘overdue’ ⎕****At what stage was the umbilical cord cut?****Weight of baby at birth:****State of the baby immediately after birth:** |
| **MOTHER POSTNATALLY: since the birth of this baby have you experienced any of the followings:****Sacro-iliac pain⎕ back pain⎕ stiff neck/shoulders⎕ joint pain⎕** **sciatica⎕ high blood pressure⎕ anaemia⎕ prolonged bleeding⎕** **piles⎕ mastitis depression⎕ anxiety⎕ exhaustion⎕** |
| **BABY POSTNATALLY: since birth has your baby experienced any of the followings:****colic⎕ jaundice⎕ irritability⎕ hip dislocation⎕** **cranial compression⎕ fevers⎕ respiratory problems⎕**  |
| **Any injuries or surgery prior this birth:** | **Any current medications:** |
| **Do you have any previous yoga experience? Please specify** |
| **Where did you hear about this class?** |

rmation will be treated as confidential and your details won’t be shared with any third parties

**~ Thank you so much for taking the time to complete this form ~**

Signature..................................................................................................Date........................................................